



MINNESOTA BOARD OF PHYSICAL THERAPY

University Park Plaza, 2829 University Avenue SE, Suite 420, Minneapolis, MN 55414-3245

Telephone 612-627-5406 Fax 612-627-5403

MN Relay Service for Hearing Impaired 800-627-3529

PHYSICAL THERAPIST FACT SHEET

PHYSICAL THERAPY BOARD

The Physical Therapy Board is appointed by the Governor to act on issues regarding physical therapist licensure standards, enforcement of laws and complaint review. The Board is composed of five physical therapists, one licensed physician, two physical therapist assistant, and three public members.

TITLE PROTECTION

Nonlicensed individuals are prohibited from using the title "*Physical Therapist*," "*Physiotherapist*," "*Physical Therapy Technician*," "*Registered Physical Therapist*," "*Licensed Physical Therapist*," "*P.T.*," "*P.T.T.*," "*R.P.T.*," "*L.P.T.*" or any other words, letters, abbreviations, or insignia indicating or implying that the individual is licensed by the state. Nonlicensed individuals holding themselves out as a physical therapist shall be subject to criminal prosecution for the unauthorized practice.

LICENSURE REQUIREMENTS

US/Canadian Graduates. To establish eligibility for licensure, an applicant must have successfully completed an accredited physical therapy educational program and have passed an approved licensing exam. For exams taken prior to July 2, 1995, Minnesota's passing score is one standard deviation below the mean of all persons taking the exam. The passing score for exams taken after July 1, 1995 is 600. Score transfers may be requested online at <http://www.fsbpt.org>

TEMPORARY PERMITS FOR PTS LICENSED/REGISTERED IN ANOTHER STATE

A temporary permit is available to applicants (who are licensed in another state) who meet all the requirements for licensure and wish to practice before the Board grants final approval. In order for a temporary permit to be granted, the file for permanent licensure must be complete, and a completed temporary permit application form and \$25 fee must be received by the Board. The temporary permit is valid from the date of approval until the next Board meeting at which a decision is made on the licensure application.

DELEGATION OF DUTIES

The PT is responsible for all procedures or tasks delegated to a PTA or PT Aide.

PT Assistant. The PT may delegate patient treatment procedures to a qualified PT Assistant (PTA) except: patient evaluation, treatment planning, initial treatment, change of treatment, and initial or final documentation. The PT must provide on-site observation of the treatment and documentation of its appropriateness at least every six treatment sessions. A PT may supervise no more than two PTAs at any time. The PT is not required to be onsite, but must be easily available by telecommunication.

PT Aide. A PT may assign selected treatment procedures to a PT Aide. The PT must observe the patient's status before and after the treatment. All tasks must be performed under the direct supervision of a PT who is readily available for advice, instruction, or immediate assistance.

CONTINUING EDUCATION

Each licensed physical therapist must complete at least 20 contact hours of continuing education credit every two years as a condition of licensure renewal. Newly licensed physical therapists commence their two year cycle on January 1 immediately following the date licensure was granted, and continuing education credits may be accrued during the first partial year in addition to the two full years of licensure. Licensees are required to attest to completion of continuing education by reporting to the Board at renewal time. Continuing education documentation must be retained by each licensee in the event they are selected for an audit.

PRACTICE REQUIREMENT

Physical therapists must practice the equivalent of eight full weeks (320 hours) during the past five years in order to be issued a license, renew, reinstate following a lapse in licensure, or return to active licensure status from inactive status. Alternatively, physical therapists may choose to retake and pass the National Physical Therapy Exam or complete no less than eight weeks of Board approved supervised clinical practice. The supervised clinical practice length and site must be pre-approved by the Board.

RENEWAL CYCLE

Licensure must be renewed annually before **January 1** of each year. Renewal reminders are sent approximately 45 days prior to expiration. It is the physical therapist's responsibility to keep the Board advised of their current address with written notification within 30 days of any address change. The Board will mail the renewal reminder to the address on file. Failure to receive the renewal reminder does not relieve the physical therapist of his or her renewal obligation.



Regulations take precedence over any conflicts between these instructions and regulations

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PHYSICAL THERAPIST INSTRUCTIONS

Please thoroughly review these materials before submitting your application. Any processing fees incurred are your responsibility. The Board reserves the right to reject any outdated applications submitted.

LICENSURE REQUIREMENTS FOR PTs LICENSED/REGISTERED IN ANOTHER STATE (NPTE/ASI/PES EXAM, OTHER STATE)

A completed application consists of: *Please note most forms to be filled out are contained in this document. The application form is a separate document which can be downloaded from the MN Board of PT website*

Contents of application.

1. Evidence satisfactory to the board that the applicant has met the educational requirements of section 148.721 or 148.722 as demonstrated by a certified copy of a transcript, *(The transcript must be sent directly to the MN Board of PT office from the school)*
2. Two recommendation forms submitted by two physical therapists registered or licensed to practice physical therapy in the United States or Canada *(Choose two physical therapist references from those listed on page 3 of your application to complete the recommendation forms)*
3. A recent full faced photograph of the applicant attached to the application with the affidavit on the form completed and notarized, *(2x3 photograph affixed as indicated on pg. 6 of the application)*
4. A record of the applicant's high school, college and board-approved physical therapy school education listing the names, locations, dates of attendance and diplomas, degrees or certificates awarded *(All time must be accounted for on the application from high school to the date of application. During continuous years of education, period of three months or less (summer break) need not be accounted for)*
5. A record of postgraduate work and military service *(Notarized copy of military discharge papers, if applicable)*
6. A listing of the United States jurisdictions, and countries in which the applicant is currently licensed or registered, or has been in the past *(Please have each jurisdiction/country verify your license/registration. All verifications must be sent directly from the agency(ies) to the MN Board of PT office)*
7. A record of the applicant's current and previous physical therapy practice experience *(Employment verifications forms from each of your employers during the past 5 years)*
8. A record of disciplinary action taken on past complaints, refusal of licensure or registration, or denial of examination eligibility by another state board or physical therapy society against the applicant
9. A record of the applicant's personal use or administration of any controlled substances and treatment for alcohol or drug abuse
10. A record by the applicant of any disease, illness or injury that impairs the applicant's ability to practice physical therapy
11. A record of any convictions for crimes related to the practice of physical therapy, felonies, gross misdemeanors, and crimes involving moral turpitude
12. A listing of any memberships in a physical therapy society
13. The applicant's name and address
14. The applicant's social security number, alien registration card number, or tax identification number, whichever is applicable (required for final licensure)
15. Completed copies of credentials verification forms provided by the board
16. Any other information judged necessary by the board to evaluate the applicant**

17. A person who has previously practiced in another state shall submit the following additional information with the license application for the five-year period of active practice preceding the date of filing application in this state (*Malpractice History Form*)
 - a. The name and address of the person's professional liability insurer in the other state
 - b. The number, date, and disposition of any malpractice settlement or award made to the plaintiff relating to the quality of services provided
18. ****Exam Scores (NPTE, ASI, or PES)** must be sent directly from FSBPT to the Minnesota Board of Physical Therapy indicating a passing score
19. ****Physical Therapy Certificate of Education form.** (*From your school showing all didactics and clinical training are complete, submitted directly to the Board office by the school*)
20. ****Notarized copy of legal document supporting a legal name change**
21. ****Criminal Background Check**

APPLICATION FEES

*Fees are non-refundable; even if it is determined that you are not eligible for licensure. **Fees may be paid via credit card with submission of an online application or personal check with submission of a paper application. Check must be made payable to the MN Board of Physical Therapy.***

Permanent Licensure Application Fee: \$100.00 (Required of all applicants)

This fee must be paid online or sent with a completed Application to Practice Physical Therapy form.

Annual Licensure Fee: \$60.00 (Required of all applicants)

This fee must be paid online or sent with a completed Application to Practice Physical Therapy form.

Criminal Background Check Fee: \$34.75 (Required of all applicants)

This fee must be paid online or sent with a completed Application to Practice Physical Therapy form.

Exam Application Processing Fee: \$50.00 (Required for new grads testing for a MN license)

This fee must be paid online or sent with a completed Application to Practice Physical Therapy form.

Temporary Permit Fee: \$25.00 (optional)

This fee must be paid with a check or money order made payable to the MN Board of Physical Therapy and sent with a completed Temporary Permit application form. Form and Fee may be submitted at any time during the application process. Fee is non-refundable.

FSBPT FEES

FSBPT Score Transfer Service is available on the Internet at <http://www.fsbpt.org>

EXAM SCORES

For exams taken prior to July 2, 1995, the Minnesota passing score is one standard deviation below the mean of all persons taking the examination. The passing score for exams taken after July 1, 1995 is 600. If you need to have your scores transferred, contact the Federation of State Boards of Physical Therapy (FSBPT) at <http://www.fsbpt.org> or 703-739-9420 and complete an application from the Federation Score Transfer Service.

BOARD MEETINGS AND DEADLINES

It is your responsibility to make sure your file is complete; i.e. verifications, completed application, exam scores, and documentation have been received by the Board. The Board will not review applicants with incomplete files. As a general rule, the application and documentation must be received two weeks prior to the meeting or review date. Please note: Applicants who answer yes to a question on their application or provide incomplete information are reviewed by the licensure committee at a PT Board meeting*. Wall and wallet certificates will be issued after the Board meetings.

DOCUMENT DEADLINE

December 31, 2015
January 21, 2016
January 28, 2016
February 11, 2016
February 25, 2016
March 17, 2016
March 31, 2016
April 14, 2016
April 28, 2016
May 19, 2016
June 02, 2016
June 16, 2016
June 30, 2016
July 14, 2016
July 21, 2016
August 11, 2016
September 1, 2016
September 08, 2016
September 29, 2016
October 13, 2016
October 28, 2016
November 3, 2016
November 23, 2016
December 08, 2016

PT BOARD MEETING* or Review Date

January 14, 2016*
January 28, 2016
February 04, 2016
February 18, 2016
March 10, 2016*
March 24, 2016
April 07, 2016
April 21, 2016
May 12, 2016*
May 26, 2016
June 09, 2016
June 23, 2016
July 07, 2016
July 21, 2016
August 04, 2016*
August 18, 2016
September 08, 2016
September 22, 2016*
October 06, 2016
October 20, 2016
November 04, 2016
November 17, 2016*
December 01, 2016
December 15, 2016

*On rare occasions, a Board meeting date may change.

QUESTIONS:

ALL PHYSICAL THERAPY LICENSES EXPIRE ON DECEMBER 31 OF EACH YEAR

If you have specific questions about the application process, please call 612-627-5406, fax 612-627-5403, or e-mail: Physical.Therapy@state.mn.us

Address all written correspondence to:

MN Board of Physical Therapy
University Park Plaza
2829 University Ave SE, Suite 420
Minneapolis, MN 55414-3245

NOTE

- It is the applicant's responsibility to provide written notification to the Board within 30 days of an address change.
- All physical therapists practicing in Minnesota have a legal responsibility to comply with the Minnesota Physical Therapy Practice Act:

Minnesota Statutes 148.65-148.78

Minnesota Rules 5601.0100-5601.3200

The Minnesota Physical Therapy Practice Act may be reviewed at:

www.revisor.leg.state.mn.us/statutes/?id=148 and www.revisor.leg.state.mn.us/rules/?id=5601 or on the Board Website @ <http://mn.gov/health-licensing-boards/physical-therapy/>

AFFIDAVIT OF APPLICANT:**PT**

State (where notarized): _____ County (where notarized): _____

I _____ swear that I am the person described and identified; that I have not engaged in any of the acts prohibited by the statutes of Minnesota.

I hereby authorize all educational institutions, hospitals, medical institutions or organizations, clinics, my references, personal physicians, employers (past and present), business and professional associates (past and present), all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files, or records including (but not limited to) transcripts, medical records, personnel files, and any information, favorable or otherwise, the Board may require for its evaluation of my professional, ethical, and physical qualifications for licensure in Minnesota.

I hereby authorize the Board to verbally and/or in writing, release to and/or exchange with the Federation of State Boards of Physical Therapy (FSBPT), data concerning me which has been classified as "private" under the Minnesota Government Data Practices Act, Minnesota Statutes Section 13.41, subd. 2.

I hereby release, discharge, and exonerate the Board, its agents, and representatives, and any person furnishing information to the Board from any and all liability of every nature and kind arising out of the furnishing of oral information or of documents, records, or other information to the Board.

I have carefully read the questions in the in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice physical therapy in Minnesota. I understand that I am required to update my application with pertinent information to cover the time period between date of application and date approved by the Board.

Sworn to before me this _____ day of _____, _____
Signature of Applicant

Signature of **Notary Public**Affix **Notary** Seal or Stamp

Notary Commission Expires: _____

CERTIFICATION OF IDENTIFICATION

Certification of Notary Public is required

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. Sworn to before me by the applicant on this _____ day of _____, _____.

Signature of **Notary Public**

Notary Commission Expires: ____ / ____ / ____

Affix **Notary** Seal or Stamp_____
Signature of **Applicant**

Paste a recent, front view,
passport-type headshot photo in
this area.

The Board cannot accept
photocopied or scanned images.



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PHYSICAL THERAPY CERTIFICATION OF EDUCATION

This form is for certification of Physical Therapy education for applicants applying for Minnesota licensure and must be completed and mailed by the University/College to the Minnesota Board of Physical Therapy. Any processing fees are applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to this Board.

New Graduates: The Program Director may mail this certification not more than 13 weeks prior to graduation. If the Program Director has any doubts about this applicant's graduation status then this form should not be completed or mailed prior to actual graduation.

Name _____ SS# _____
(Please Print)

Signature _____ Date _____

.....

THE SCHOOL COMPLETES THE FOLLOWING INFORMATION

It is hereby certified that: (Name of Applicant) _____

Matriculated in: (Name of School) _____

Accredited physical therapy educational program located at: (Location of School) _____

This individual completed all didactic requirements and clinical internships successfully on: _____
(month/day/year)

OR

This individual was/will be granted a degree in physical therapy on: _____
(month/day/year)

Circle type of degree received or will receive: DPT MA MS MPT BA BS Certificate

Any disciplinary action? Yes* ☐ No ☐

Any derogatory information on file? Yes* ☐ No ☐

President/Secretary/Dean/Registrar:

School

Print Name _____

Seal**

Signature _____

Date _____

*Please attach letter of explanation.

**If there is no school seal, attach letter of explanation on letterhead.

Faxed documents will not be accepted.



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PHYSICAL THERAPY RECOMMENDATION FORM

Two recommendation forms are required. Select two of the references (**physical therapists**) listed on your application to complete and submit this form.

The individual providing this reference must mail this form directly to the Board at the above address

New Graduates: Physical therapy professors or clinical affiliation supervisors may be used.

RECOMMENDATION FOR: _____
Applicant name

1. How long have you known the applicant? _____

2. What has been the nature of your relationship with the applicant?

3. How would you characterize the moral and professional conduct of the applicant?

4. Would you recommend the applicant for approval for licensure as a physical therapist?

YES ☐ NO ☐

5. Additional comments: _____

COMPLETED BY: _____ Professional Designation: _____

Name (print): _____ Title: _____

Address: _____ Phone #: _____

Signature: _____ Date: _____

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Applicant name

1. How long have you known the applicant? _____

2. What has been the nature of your relationship with the applicant?

3. How would you characterize the moral and professional conduct of the applicant?

4. Would you recommend the applicant for approval for licensure as a physical therapist?

YES ☐ NO ☐

5. Additional comments: _____

COMPLETED BY: _____ Professional Designation: _____

Name (print): _____ Title: _____

Address: _____ Phone #: _____

Signature: _____ Date: _____

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PHYSICAL THERAPY VERIFICATION OF LICENSURE

This form must be completed by the State Board in which you now hold, or have held a registration or license, and **must be mailed by the state board directly to our office**. NOTE: Some states require a fee for this service, paid in advance. To expedite the process, you may wish to contact the state(s) prior to sending your request. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to this Board.

Name _____ SS# _____
(Please Print)

Signature _____ Date _____

.....

THE STATE BOARD COMPLETES THE FOLLOWING INFORMATION

It is hereby certified that: (Name of Applicant) _____

Date of birth: (Month, Day, Year) _____

Was issued license/registration number: _____

By: (State) _____ On: (Month, Day, Year) _____

Expiration date is: (Month, Day, Year) _____

Issued on the basis of: (exam, reciprocity, endorsement) _____

Disciplinary action ever initiated, pending, or invoked*: YES ☐ NO ☐

Ever voluntarily relinquished license*: YES ☐ NO ☐

Seal**

Print Name _____

Signature _____

Title _____

Date _____

*If yes, please attach letter of explanation

**If there is no seal, attach letter of explanation on letterhead.

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PHYSICAL THERAPY CERTIFICATION OF EMPLOYMENT

Applicant: This form must be completed by your employer and mailed directly to our office by the employer. Any processing fees are the applicant's responsibility.

Signature of applicant: _____

This signature authorizes release of information, favorable or otherwise, directly to the Board.

Date: _____

.....
THE EMPLOYER COMPLETES THE FOLLOWING INFORMATION

It is hereby certified that _____
Name of Applicant

was/is employed by _____
Name & Address of Employer

_____ From _____ To _____
Phone Number of Employer Month/Year Month/Year

INDICATE BELOW FULL OR PART-TIME STATUS:

☐ Full Time

☐ Part Time: _____ Hours per Week

Name of Administrator: _____

Signature: _____ Date _____

Subscribed and sworn to me
this _____ day of _____, _____

Notary Public _____

My Commission expires _____

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MALPRACTICE HISTORY FORM

1. Minnesota Physical Therapist License Application date_____
2. Five-Year Period of Active Practice, preceding the application, starts on _____
(Use your graduation date if less than five years) (month & year)
3. For this period please provide the following information:
 - (a) Name and Address of Professional Liability insurer(s). Please attach additional pages if necessary.
 - (b) The number, date, and disposition of any malpractice settlement(s) or award(s). Please attach additional pages, if necessary. **If none, please write none.**

Print Full Name_____

Signature of Applicant_____

Date_____

Minnesota Statute 148.705 Malpractice history.

Subdivision 2 (b) A person who has previously practiced in another state shall submit the following additional information with the license application for the five-year period of active practice preceding the date of filing application in this state:

- (1) The name and address of the person's professional liability insurer in the other state.
- (2) The number, date, and disposition of any malpractice settlement or award made to the plaintiff relating to the quality of services provided.

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PHYSICAL THERAPY TEMPORARY PERMIT REQUEST FORM

This form and the \$25.00 fee are required to apply for a temporary permit.

I have read Minnesota Statute 148.71 regarding the use of the temporary permit and hereby agree to abide by Minnesota Statutes and Rules governing physical therapists.

Applicant's Name (please print)

Signature of Applicant

List name(s) of supervising physical therapist(s) and license number(s) (for new grads only)

Professional address at which the temporary permit will be used (attach an additional sheet if more than one location):

Hospital/Clinic

Department

Address

City, State, Zip Code

Professional telephone number(s): _____
(include area code)

Anticipated date of commencing practice: _____

Address you wish to have temporary permit mailed to:

NOTE: *It is your responsibility to immediately notify the Board if you wish to add or change the supervisor(s) and/or practice site(s) and receive Board approval prior to working under a new supervisor or at a new practice site.*